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NEW YORK, NY	10177					(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/501,276	07/09/2004		Johannes F de Boer		36115/US/2 -	3104
TITLE OF INVENTION: A AND OPTICAL COHERE						ETRY LCI
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/23/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
CONNOLLY, PATRICK J		2877	356-479000	-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Dorsey & Whitney LIP			
Change of correspond Address form PTO/SB/1	dence address (or Char 22) attached.	nge of Correspondence	or agents OR, alternati	rnatively,		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
The General	l Hospital Co	orporation	Boston, MA			
Please check the appropriate	e assignee category or	categories (will not be pr	rinted on the patent):	Individual 🔀 Co	orporation or other private gr	oup entity Government
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Typed or printed name			Registration No. 40,479			
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